



**TOWN OF LOS GATOS VOLUNTEER APPLICATION**  
**(ORGANIZATION)**  
(408) 354-6824

PLEASE PRINT

Name of Organization: \_\_\_\_\_

Address \_\_\_\_\_ City \_\_\_\_\_ Phone \_\_\_\_\_

Purpose of Organization: \_\_\_\_\_ Profit \_\_\_\_\_ Nonprofit \_\_\_\_\_

**(Attach copy of roster of Board of Directors)**

Number of Volunteers: \_\_\_\_\_

Contact Person: \_\_\_\_\_ Address \_\_\_\_\_ Phone \_\_\_\_\_

Licenses/Certificates \_\_\_\_\_

Special Skills/Training \_\_\_\_\_

Previous Volunteer Experience: \_\_\_\_\_

Why is your organization interested in volunteering? \_\_\_\_\_

Special Interests: \_\_\_\_\_

Type of Work Preferred: \_\_\_\_\_

When is the best time to call? \_\_\_\_\_

Length of Commitment: 3 months \_\_\_\_\_ 6 months \_\_\_\_\_ 1 year+ \_\_\_\_\_ Other \_\_\_\_\_

Times Available: M \_\_\_\_\_ T \_\_\_\_\_ W \_\_\_\_\_ TH \_\_\_\_\_ F \_\_\_\_\_ SAT \_\_\_\_\_ SUN \_\_\_\_\_  
Mornings \_\_\_\_\_ Afternoons \_\_\_\_\_ Evenings \_\_\_\_\_

Hours per Week: \_\_\_\_\_

Hours per Volunteer: \_\_\_\_\_

*I declare under penalty of perjury that the statements made in this application are true, and I acknowledge that any false statements or misrepresentations on this application may be cause for refusal of placement or immediate dismissal from volunteer status. I further authorize the Town of Los Gatos to investigate the matters contained in this application, and I am aware that fingerprinting and background investigation are required for placement in any position in the Police Department or for other sensitive volunteer positions.*

*I am authorized to sign this application form for:*

Name of organization \_\_\_\_\_ Date \_\_\_\_\_

Signature \_\_\_\_\_ Title \_\_\_\_\_

Return Application to:  
**Town of Los Gatos**  
**Community Services Dept.**  
**P.O. Box 949**  
**Los Gatos, CA 95031**  
**Fax: (408) 395-8640**



TOWN OF LOS GATOS  
RELEASE OF LIABILITY, ASSUMPTION OF RISK  
AND INDEMNITY AGREEMENT  
(Organization)

\_\_\_\_\_ (hereinafter referred to as "Undersigned") will be  
(Print Name of Organization)

engaging in the following described event or activity in the Town of Los Gatos, California.

DESCRIPTION of EVENT or ACTIVITY: (Include Dates)

\_\_\_\_\_  
\_\_\_\_\_

The Undersigned does hereby WAIVE, RELEASE AND DISCHARGE the Town of Los Gatos, its officers, agents and employees (hereinafter referred to collectively as "Town") from any and all claims for damages, personal injury, property damage, or wrongful death occurring or arising out of the event or activity described above. This release is intended to discharge, in advance, the Town from any and all liability arising out of the above event or activity even though that liability may arise out of negligence or carelessness on the part of the Town.

It is recognized that there are certain risks inherent in the activity the Undersigned is participating in. Nevertheless, the Undersigned voluntarily agrees to ASSUME ANY AND ALL RISKS of injury or death from whatever cause inherent in or arising from participation in this event or activity whether such risks are known or unknown, and to release, discharge, hold harmless and INDEMNIFY the Town for any and all damages, claims, causes of action, losses, liability, judgments, costs, costs of collection, and attorney's fees arising out of or related to the above described event or activity.

I have read this Agreement and understand its terms.

I am legally authorized to make this  
Agreement for

\_\_\_\_\_  
Date

\_\_\_\_\_  
Print Name of Organization

By \_\_\_\_\_  
Signature

Title \_\_\_\_\_